Florida Emergency Medical Services Advisory Council

Meeting Packet

Tuesday, October 18, 2018

9:00 AM – 12:00 PM

Renaissance World Golf Village Resort

St. Augustine, FL

July 25, 2018

Dear EMS partners:

The next face-to-face EMS Advisory Council and constituent group meetings will be held on October 16-18, 2018.

LOCATION: Renaissance World Golf Village Resort
500 South Legacy Trail
St. Augustine, FL 32821
Phone: 904-940-8633

Please make hotel reservations at the Renaissance World Golf Village Resort by calling 1-800-468-3571 or by reserving **online**. The deadline for reservations is **September 21, 2018**. The group conference rate of $139.00.00 is reserved under group name **"FDHFDHA."** You must guarantee your reservation with a major credit card. Cancellation within 72-hours of arrival will result in a penalty charge equal to one night's lodging plus taxes. Check-in time is at 4:00 p.m.

The EMS information table will be opened on **Tuesday, October 16, 2018** and the Advisory Council meeting will be held on **Thursday, October 18, 2018 at 9:00 a.m.** Meeting material will be posted on the EMS website prior to the meeting dates.

If you have any questions, please feel free to contact Bonnie Anderson at: (850) 558-9544 or by email at: Bonnie.Anderson@flhealth.gov.

Sincerely,

Bonnie Anderson
EMSAC Coordinator

EMS ADVISORY COUNCIL
October 18, 2018; 9:00 a.m.
Room: St. Augustine Ballroom C

Call to Order	Mac Kemp, Chairperson
Pledge of Allegiance	Isabel Rodriguez
Roll Call/Approval of Minutes	Jane Bedford, Secretary
EMS Section Report	Steve McCoy, EMS Administrator
Medical Director Recognition	Steve McCoy, EMS Administrator
Medical Director's Report	Joe Nelson, DO

Old Business:

- EMS State Plan Revisions and Approval

New Business:

- Legislation
- EMS Voluntary Event Notification Tool (E.V.E.N.T) Presentation

Council/Committee Members' Reports

Committee Reports:

Council and Committee Reports

Access to Care Committee	Jane Bedford
Air Medical Committee	Bari Conti
Data Committee	Darrel Donatto
Disaster Response Committee	Kingman Schuldt/Julie Downey
Education Committee	Ann Brown
EMS Communications Committee	Steve Welch
EMS for Children	Julie Bacon
EMS Strategic Vision Committee	Julie Bacon
Legislative Committee	Mac Kemp
Medical Care Committee	Joe Nelson, DO
PIER Committee for EMS	David Summers

Public Comments

"Request to Speak" cards are provided for those interested in addressing the council. Fill them out at the state EMS information table. (3-5 minute limit)

Additional Comments from Constituents

Voting and Committee Assignments

Summary and Adjournment

EMS Constituent Group Meeting Schedule
October 16- 18, 2018
Renaissance World Golf Village Resort, St. Augustine, FL

Tuesday, October 16, 2018			
	St. Augustine Ballroom C	**St. Augustine Ballroom A**	**St. Augustine Ballroom B**
8:00 a.m. – 9:25 a.m.	Opening EMS Welcome Meeting / EMS Strategic Visions Committee / Drug Shortage Update		
	Room Reconfiguration		
9:35 a.m. – 10:55 a.m.	Medical Care Committee/EMS Quality Managers	Ad Hoc Paramedic Shortage Committee	Florida Association of County EMS (FACEMS) Florida Association of Rural EMS Providers (FAREMS)
11:00 a.m. – 12:30 p.m.		Disaster Response Committee	PIER Committee
12:30 p.m. – 1:30 p.m.	Lunch		
1:30 p.m. – 3:25 p.m.	Florida Association of EMS Educators EMS Advisory Council / Education Committee	EMS Data Committee/EMSTARS Briefing	Florida Association of EMS Providers
3:30 p.m. – 5:30 p.m.	Florida Aeromedical Association (FAMA) Florida EMS Pilots Association (FLEMSPA) Florida Neonatal Pediatric Transport Network Association (FNPTNA)	Biospatial/National Collaborative for Biopreparedness Training/Demo	Access to Care Committee

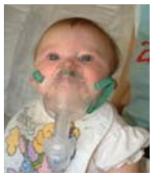
Wednesday, October 17, 2018			
8:00 a.m. – 9:25 a.m.	Medical Directors	Florida Fire Chief's Association (FFCA) – EMS Section	Florida Council of EMS Chiefs
9:30 a.m. – 12:00 a.m.		Legislative Committee	EMS for Children Committee
11:00 a.m. – 12:00 p.m.			
12:00 p.m. – 1:00 p.m.		Lunch	
1:00 p.m. – 2:55 p.m.	Grant Workshop	Florida Ambulance Association	Communications
3:30 p.m. – 4:25 p.m.		Ad Hoc EMS Reimbursement Committee	International Trauma Life Support (ITLS)
4:30 p.m. – 5:30 pm		Cardiac Arrest Registry to Enhance Survival (CARES) Update and Training	Pre-Council Meeting
	Wednesday, October 17, 2018		
	St. Augustine Ballroom EF		
8:00 a.m. – 1:00 p.m.	Florida Committee on Trauma (FCOT) and Association of Florida Trauma Coordinators (AFTC)		
Thursday, October 18, 2018			
	St. Augustine Ballroom C		
9:00 a.m. – 12:00 p.m.	EMS Advisory Council Meeting		
1:00 p.m. – 5:00 p.m.	Trauma Advisory Council Meeting		

-

Florida Department of Health

Emergency Medical Services State Plan

2016-2021



Rick Scott

GOVERNOR

Celeste Philip, MD, MPH

STATE SURGEON GENERAL AND SECRETARY

Version 1.21.0

July 2017

Produced by:

Florida Department of Health and Florida Emergency Medical Services (EMS) Advisory Council

4052 Bald Cypress Way, Bin # A22

Tallahassee, Florida 32399-1722

Table of Contents

Executive Summary

Section 401.24, Florida Statutes (F.S.), requires the Florida Department of Health to develop and revise every five years a comprehensive state plan for basic and advanced life support services. At a minimum, the plan must include emergency medical systems planning, requirements for the operation, coordination and ongoing development of emergency medical services, and the definition of areas of responsibility for regulating and planning the ongoing and developing delivery service requirements.

In May of 2016, the Bureau of Emergency Medical Oversight (BEMO), Emergency Medical Services (EMS) Section conducted a planning summit in coordination with the EMS Advisory Council (EMSAC) and EMS stakeholders to develop the *Emergency Medical Services State Plan, 2016-2021*. This plan is designed to be a framework to strengthen Florida's EMS system to achieve one vision: a unified EMS system that provides evidence-based prehospital care to the people of Florida and serves as the recognized leader in EMS response nationwide. It is a living document that will be evaluated and updated regularly to address new challenges posed by the changing environment of public health in Florida.

In creating the EMS state plan, the bureau reviewed the State Health Improvement Plan, the Department of Health Strategic Plan, and the EMS Advisory Council Strategic Plan in an effort to align strategic priorities, goals and objectives. This alignment will provide Florida EMS with a road map to future statewide collaborative efforts within the continuum of care and become a catalyst for more involvement in Florida's public health initiatives.

Mission, Vision and Values

Mission – Why do we exist?

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

Values – What do we use to achieve our mission and vision?

I nnovation: We search for creative solutions and manage resources wisely.
C ollaboration: We use teamwork to achieve common goals and solve problems.
A ccountability: We perform with integrity and respect.
R esponsiveness: We achieve our mission by serving our customers and engaging our partners.
E xcellence: We promote quality outcomes through learning and continuous performance improvement.

Strategy Map

STRATEGIC PRIORITY AREAS	STRATEGIES	OBJECTIVES
EMS INDUSTRY SAFETY **GOAL 1.0 -** Ensure a commitment to the health and safety of the EMS industry and the citizens and visitors of Florida	▪ Improve wellness, fitness and safety among EMS providers ▪ Improve safety of pediatric transport in EMS permitted vehicles ▪ Reduce EMS medical errors	• Decrease the number of vehicle collisions involving ambulances by 25% from 107 per three year rolling average to 80 by December 2019 • By December 2018, complete an analysis of patients under the age of four years that are transported in an EMS permitted vehicle in a child restraint device • By December 31, 2018, implement an anonymous statewide EMS medical error data collection tool and process
CLINICAL AND OPERATIONAL PERFORMANCE **GOAL 2.0 -** Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes	▪ Promote quality patient care and outcomes ▪ Promote the accessibility and use of Emergency Medical Services Tracking and Reporting System (EMSTARS) data to drive performance improvement initiatives	• Increase the number of emergency runs submitted to EMSTARS from 75% to 85% by June 2019 • Increase the number of automated data linkages between EMSTARS and other relevant databases from 1 to 4 by December 2019 • Increase the percent of non-traumatic cardiac arrest patients who receive bystander Cardiopulmonary Resuscitation (CPR) from 7% to 20% by December 2018 • Increase the percentage of non-traumatic cardiac arrest patients who develop a Return of Spontaneous Circulation (ROSC) both prehospital and upon arrival to Emergency Department (ED) from 16.32% to 20.34% by December 2018 • Increase the percentage of ST Elevation Myocardial Infarction (STEMI) alert events in which the on-scene time is less than or equal to 20 minutes to 90% by December 2018 • Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90% by December 2018 • Increase the percent of stroke alert events in which the on-scene time is less than or equal to 20 minutes from 67% to 90% by December 2018 • Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive state stroke facility from 69% to 90% by December 2018 • Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 40% to 90% by December 2018 • Increase the percentage of trauma alert patients that were initially transported to a trauma center to 90% by December 2018
EMS SYSTEM INFRASTRUCTURE AND FINANCE **GOAL 3.1 -** Attract, recruit and retain a prepared, diverse and sustainable EMS workforce in all geographic areas of Florida **GOAL 3.2 -** Establish a financially sustainable infrastructure, which includes processes and effective use of technology and communication	▪ Improve financial stability and sustainability of Florida EMS systems ▪ Increase the pool of qualified applicants for EMS positions with emphasis on veterans and diversity ▪ Improve the evolution of interoperable communications between counties ▪ Increase funding for Florida's EMS System ▪ Achieve national EMS education program accreditation for initial paramedic training programs and adopt national EMS testing for initial certification only	• Increase the number of qualified applications approved for health care licensure of documented military spouses and honorably discharged veterans by 5% by December 31, 2018 (from 404 EMTs to 424 and from 117 paramedics to 123) • Monitor and maintain the racial diversity of EMTs and paramedics in the workforce reflecting that (from census data) of the state's population • Increase the diversity of Emergency Medical Technicians (EMT) and paramedics in the workforce by 5% over the next two years until we meet or exceed the national average of 20% (race and gender) • By June 1, 2018, complete a second analysis that determines the counties that have 800 MHz or 700 MHz trunked radio systems aligned with Florida's Project 25 ID Numbering Plan • Increase the percentage of EMS providers that subscribe to FirstNet/FloridaNet from 0% to 30% by July 2021 • All initial EMS training programs in the state of Florida will achieve national accreditation by December 31, 2020 • Institute national EMS testing for initial certification by December 31, 2023 • By December 2019, increase the percentage of State level revenue for the improvement and expansion of emergency medical services by 25%
READINESS FOR EMERGING HEALTH THREATS **GOAL 4.0 -** Demonstrate EMS readiness for emerging health threats and natural or manmade disasters	▪ Increase Florida's National Health Security Preparedness Index (NHSPI) ▪ Increase financial support for EMS readiness	• By December 31, 2018, increase the number of EMS agencies participating in annual Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) exercises from 23% to 33% • By December 2018, increase the percentage of EMS agencies participating in health care coalitions from 45% to 55% • By January 2018, distribute best practice guidelines on EMS management of active shooter events to all EMS providers • By December 31, 2018, increase the number of EMS providers that have adopted plans and trained for an active shooter response from 48% to 75% • By December 2018, increase the number of EMS providers that are properly equipped to manage an active shooter event from 34% to 75%

STRATEGIC PRIORITY AREAS	STRATEGIES	OBJECTIVES
COMMUNITY REDEVELOPMENT AND PARTNERSHIPS **GOAL 5.0 -** Integrate EMS with health planning and assessment processes to maximize community partnerships and expertise in accomplishing its goals	▪ Provide injury prevention programs to the public ▪ Promote the increase of EMS agencies developing community paramedic programs (all objectives) ▪ Improve community health (all objectives)	• Increase the percentage of EMS agencies conducting fall prevention programs from 28.5% to 40% by December 2018 • Increase the percentage of EMS agencies conducting opioid use and naloxone awareness programs from 13.5% to 35% by December 2018 • Increase the percentage of EMS agencies conducting safety programs sponsored or recommended by the Florida Department of Transportation (FDOT) from 19.2% to 30% by December 2018 • Increase the percentage of EMS agencies conducting drowning prevention programs from 30% to 50% by December 2018 • Increase the percentage of EMS agencies conducting programs to reduce infant mortality from 18.5% to 30% by December 2018 • Increase the percentage of EMS agencies offering cardiovascular health and wellness programs pursuant to section 401.272, F.S., from 26.4% to 40% by December 2018 • Increase the percentage of EMS agencies providing HIV health and wellness programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018 • Reduce the number of adult low acuity ED visits from 14.15% to 10% by December 2018 • Increase the number of EMS agencies with protocols that actively refer children and adults for early intervention and treatment of mental health disorders from 0 to 25 by December 2018 • Increase the percentage of EMS agencies offering immunization programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018
REGULATORY EFFICIENCY **GOAL 6.0 -** Establish a regulatory structure that supports the EMS system's strategic priorities	▪ Promote the ethical and professional practice of prehospital medicine in Florida ▪ Establish and promote a quality based EMS inspection process	• Increase the number of EMS provider agencies utilizing a performance-based inspection process from 0 to 180 by July 2018

Strategic Priorities

Strategic Priority 1: EMS Industry Health and Safety

Goal 1.0: Ensure a commitment to the health and safety of the EMS industry and the citizens and visitors of Florida

Strategy	Objective	Owner
1.1 Improve wellness, fitness and safety among EMS providers	A Decrease the number of vehicle collisions involving ambulances by 25% from 107 per three year rolling average to 80 by December 2019	PIER
1.2 Improve safety of pediatric transport in EMS permitted vehicles	A By December 2019, complete an analysis of patients under the age of four years that are transported in an EMS permitted vehicle in a child restraint device	EMSC
1.3 Reduce EMS medical errors	A By December 31, 2020, implement an anonymous statewide EMS medical error data collection tool and process	Medical Care
1.4 Improve safety of crew and patients on air medical transports	A By December 2019, will increase the attendance an annual Safety Summit by 50%	Air Medical

Commented [CR1]: PIER recommends deleting 1.1 that discusses ambulance crash reduction due to data inaccuracies at this time.
Our goal is to create a survey question to request data from Ems agencies with questions focusing on positive focus instead of questions that may be a concern to Ems legal departments.

Strategic Priority 2: Clinical and Operational Performance

Goal 2.0: Use health information technology to improve the efficiency, effectiveness and quality of patient care coordination and health care outcomes

Strategy	Objective	Owner
2.1 Increase the accessibility and use of EMSTARS data to drive performance improvement initiatives	A Increase the number of emergency runs submitted to EMSTARS from 90% to 95% by June 2019	Data
	B Increase the number of automated data linkages between EMSTARS and other relevant databases from 1 to 4 by December 2019	Data
2.2 Improve patient care quality and outcomes ~~Med Care to relook at all of these~~	A Increase the percent of non-traumatic cardiac arrest patients who receive bystander CPR from 7% to 20% by December 2020	Medical Care
	B Increase the percentage of non-traumatic cardiac arrest patients who develop a ROSC, both prehospital	Medical Care

		and upon arrival to ED, from 16.32% to 20.34% by December 2020	
	C	Increase the percentage of STEMI alert events in which the on-scene time is less than or equal to 20 minutes to 90% by December 202018 – increase/delete	Medical Care
	D	Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90% by December 202018	Medical Care
	E	Increase the percent of stroke alert events in which the on-scene time is less than or equal to 20 minutes from 67% to 90% by December 202018	Medical Care
	F	Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive state stroke facility from 69% to 90% by December 202018	Medical Care
	G	Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 40% to 90% by December 202018	Medical Care
	H	Increase the percentage of trauma alert patients that were initially transported to a trauma center to 90% by December 202018	Medical Care

Formatted: Font color: Light Blue

Strategic Priority 3: EMS System Infrastructure and Finance

Goal 3.1: Attract, recruit and retain a prepared, diverse and sustainable EMS workforce in all geographic areas of Florida

Goal 3.2: Establish a financially sustainable infrastructure, which includes processes and effective use of technology and communication supporting all EMS systems functions

Strategy	Objective		Owner
3.1 Increase the pool of qualified applicants for EMS positions with emphasis on veterans and diversity	A	Increase the number of qualified applications approved for health care licensure of documented military spouses and honorably discharged veterans by 5% by December 31, 2018 (from 404 EMTs to 424 and from 117 paramedics to 123) Education to review	Education
	B	Increase the racial diversity from a 28.5% minority workforce in Florida EMS to 38.5% by December 2020	Education
	C	Increase the gender diversity of EMTs and paramedics in the workforce by 1% per year until we meet or exceed the national average of 20%	Education
3.1.2 Improve the evolution of interoperable communications between counties	A	By June 1, 2018, complete a second analysis that determines the counties that have 800 MHz or 700 MHz trunked radio systems aligned with Florida's Project 25 ID Numbering Plan has this been met?	Communications
	B	Increase the percentage of EMS providers that subscribe to FirstNet/FloridaNet from 0% to 30% by July 2021	Communications
3.1.3 Achieve national EMS education program	A	All initial EMS training programs in the state of Florida will achieve national accreditation by December 31, 2020	Education

Commented [CR2]: Delete this altogether until such time as they can get the data to support this objective.

	accreditation for initial paramedic training programs and adopt national EMS testing for initial certification only	B Institute national EMS testing for initial certification by December 31, 2023	Education
3.2	Increase funding for Florida's EMS System	A By December 2019, increase the percentage of state level revenue for the improvement and expansion of emergency medical services by 25%	Access to Care
		B Explore and define 4 alternative revenue sources to support EMS in the State by December 31, 2019	Access to Care

Strategic Priority 4: Readiness for Emerging Health Threats

Goal 4.0: Demonstrate EMS readiness for emerging health threats and natural or manmade disasters

Strategy	Objective	Owner
4.1 Increase Florida's National Health Security Preparedness Index (NHSPI)	A By December 31, 2020, increase the number of EMS agencies participating in annual CBRNE exercises and/or training from 23% to 33%.	Disaster
	B By December 2020, increase the percentage of EMS agencies participating in health care coalitions from 45% to 55%	Disaster
	C By July 2020, at least 50% of licensed EMS Agencies will utilize NFPA 3000 on EMS management of active shooter/hostile events as guidelines toward best practices.	Disaster
	D By December 31, 2020, increase the number of EMS providers that have adopted plans and trained for an active shooter response from 48% to 75%	Disaster
	E By December 2020, increase the number of EMS providers that are properly equipped to manage an active shooter event from 34% to 75%	Disaster

Commented [JB3]: Per K Schuldt

Commented [JB4]: Per K Schuldt

Strategic Priority 5: Community Redevelopment and Partnerships

Goal 5.0: Integrate EMS with health planning and assessment processes to maximize community partnerships and expertise in accomplishing its goals

Strategy	Objective	Owner
5.1 Reduce Injury	A Increase the percentage of EMS agencies conducting or participating in fall prevention programs from 28.5% to 40% by December 2019	PIER

	B Increase the percentage of EMS agencies conducting or participating in opioid use and naloxone awareness programs from 13.5% to 35% by December 2019	PIER
	C Increase the percentage of EMS agencies conducting or participating in safety programs sponsored or recommended by the FDOT from 19.2% to 30% by December 2019	PIER
	D Increase the percentage of EMS agencies conducting or participating in drowning prevention programs from 30% to 50% by December 2019	PIER
	E Increase the percentage of EMS agencies conducting or participating in programs to reduce infant mortality from 18.5% to 30% by December 2019	EMSC
5.2 Improve cardiovascular health	A Increase the percentage of EMS agencies offering cardiovascular health and wellness programs pursuant to section 401.272, F.S., from 72% to 80% by December 2020	Access to Care
5.3 Reduce HIV prevalence	A Increase the percentage of EMS agencies providing or participating in HIV health and wellness programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2019	PIER
5.4 Promote the increase of EMS agencies developing community paramedic programs	A Reduce the number of adult low acuity ED visits from 14.15% to 10% by December 2019	Access to Care
	B Increase the number of EMS agencies with protocols that actively refer children and adults for early intervention and treatment of mental health disorders by 15% before December 2019	Access to Care
5.5 Increase vaccination rates for children and adults	A Increase the percentage of EMS agencies offering immunization programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2019	Access to Care

Strategic Priority 6: Regulatory Efficiency

Goal 6: Establish a regulatory structure that supports the EMS system's strategic priorities

Strategy	Objective	Owner
6.1 Establish and promote a quality based EMS inspection process	A Increase the number of EMS provider agencies utilizing a performance-based inspection process from 0 to 180 by July 2020	Data

Appendix A

Appendix A: Florida EMS State Planning Summit Participants

Florida EMS Advisory Council

Julie Bacon
EMS Advisory Council
All Children's Hospital

Cory Richter
EMS Advisory Council Strategic Visions Subcommittee
Indian River County Fire Rescue

Malcom Kemp
EMS Advisory Council
Leon County EMS

Tracy Yacobellis
EMS Advisory Council
Florida Department of Education

Ann Brown
EMS Advisory Council
Florida Gateway College

Darrell Donatto
EMS Advisory Council
Florida Fire Chiefs' Association (FFCA)

Isabel Rodriguez
EMS Advisory Council
American Medical Response

Michael Lozano
EMS Advisory Council
Hillsborough County Fire Rescue

Jane Bedford
EMS Advisory Council
Nature Coast EMS

Doris Ballard-Ferguson
EMS Advisory Council

Danny Griffin
EMS Advisory Council
Florida Association of EMS Educators

Carlton Wells
EMS Advisory Council
Department of Management Services

EMS Constituency

Patricia Byers
Florida Committee on Trauma
University of Miami Miller School of Medicine

Debbie Vass
Florida Association of EMS Quality Managers
Sunstar EMS

Angel Nater
Florida Association of EMS Educators
Seminole State College

Hezedean Smith
Orlando Fire Department

Michael Hall
Nature Coast EMS
Florida Ambulance Association

John Peterson
Sunstar EMS

Melissa Keahey
Emergency Medicine Learning & Resource Center
Florida Association of EMS Medical Directors

Patrick Husic
Florida Neonatal and Pediatric Transport Association

Michael Patterson
Florida Association of Rural EMS
Florida Association of County EMS
Putnam County Fire & EMS

Babette Bailey
Florida Aeromedical Association

David Dyal
Florida Association of Emergency Medical Service Providers
Stuart Fire Rescue

Florida Department of Health Staff

Steve McCoy
EMS Administrator
Bureau of Emergency Medical Oversight

Rickey Stone
Program Administrator
Bureau of Emergency Medical Oversight

Bobby Bailey
Lead Exercise Coordinator
Bureau of Preparedness & Response

Melia Jenkins
EMS Planning Manager
Bureau of Emergency Medical Oversight

Kimberly Moore
Health Services Manager
Bureau of Emergency Medical Oversight

Joshua Sturms
Data Section Administrator
Bureau of Emergency Medical Oversight

Bethany Lowe
Administrator
Bureau of Emergency Medical Oversight

Brenda Clotfelter
EMSTARS Project Manager
Bureau of Emergency Medical Oversight

Juan Esparza
Business Analyst
Bureau of Emergency Medical Oversight

Appendix B

Appendix B: Planning Summary

A multidisciplinary group of EMS stakeholders met several times over the past two years to complete this plan. This plan began in October of 2013 as a multifaceted strategic plan with numerous goals and objectives that were difficult to measure and improve upon. No action was taken on the plan until it was revisited in January of 2016. It was agreed upon by the Department and the EMS Advisory Council to revise the current strategic plan using relevant goals and measurable objectives that aligned with other public health initiatives. This resulted in a collaborative product between the Florida EMS Advisory Council, the Florida Department of Health, and EMS stakeholders.

The following is the EMS State Plan Schedule of Meetings and Events:

MEETING DATE	MEETING TOPIC
July 2014	Draft EMS Advisory Council Strategic Plan was finalized by the council
January 2016	Revision concept was presented to the EMS Advisory Council and approved
March 3, 2016	Initial State Plan Coordinator Meeting
April 15, 2016	EMS State Plan Toolkit and Environment Scan completed
April 15, 2016	Review and environmental scan comment period began
May 2, 2016	State Plan Coordinator Meeting
May 4, 2016 - May 5, 2016	EMS State Planning Summit
June 1, 2016	Environmental scan closed and final drafting period began
June 6, 2016	First draft delivered to the EMS Advisory Council for review
June 6, 2016	Comment period began
July 14, 2016	EMS Advisory Council vote for approval
Sept 22, 2016	DOH approval
Sept 22, 2016	Publish final document
Oct 18, 2016	Training session on EMS State Plan Reporting Tools and Action Plans

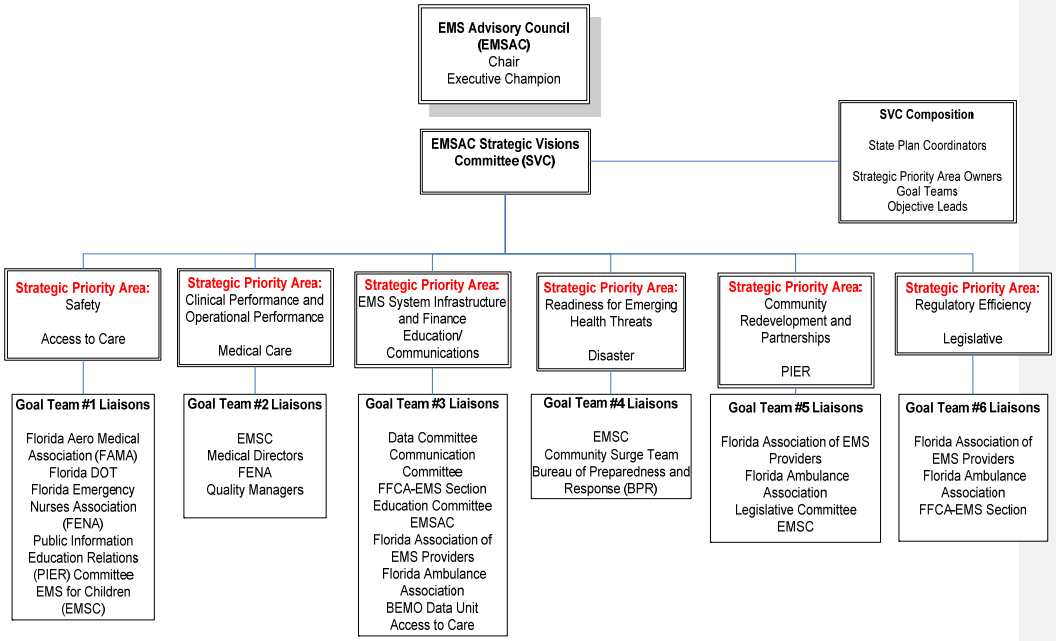
The first step in revising the current strategic plan was to use data from previous strategic planning efforts, as well as environmental scan results and other data sources, to develop measurable goals. Next, the Department created the EMS State Plan Toolkit. The toolkit includes a strategy map, which illustrates the alignment of the revised EMS State Plan goals, strategies, and objectives with other national and state public health initiatives such as, Healthy People 2020, the Florida State Health Improvement Plan, and the Agency's Strategic Plan. Lastly, strategic planning coordinators worked with constituent groups and other EMS stakeholders during the State Planning Summit to write and revise strategies and objectives for each goal. The revised document was sent to the EMS Advisory Council and Department leadership for comment and approval.

Appendix C

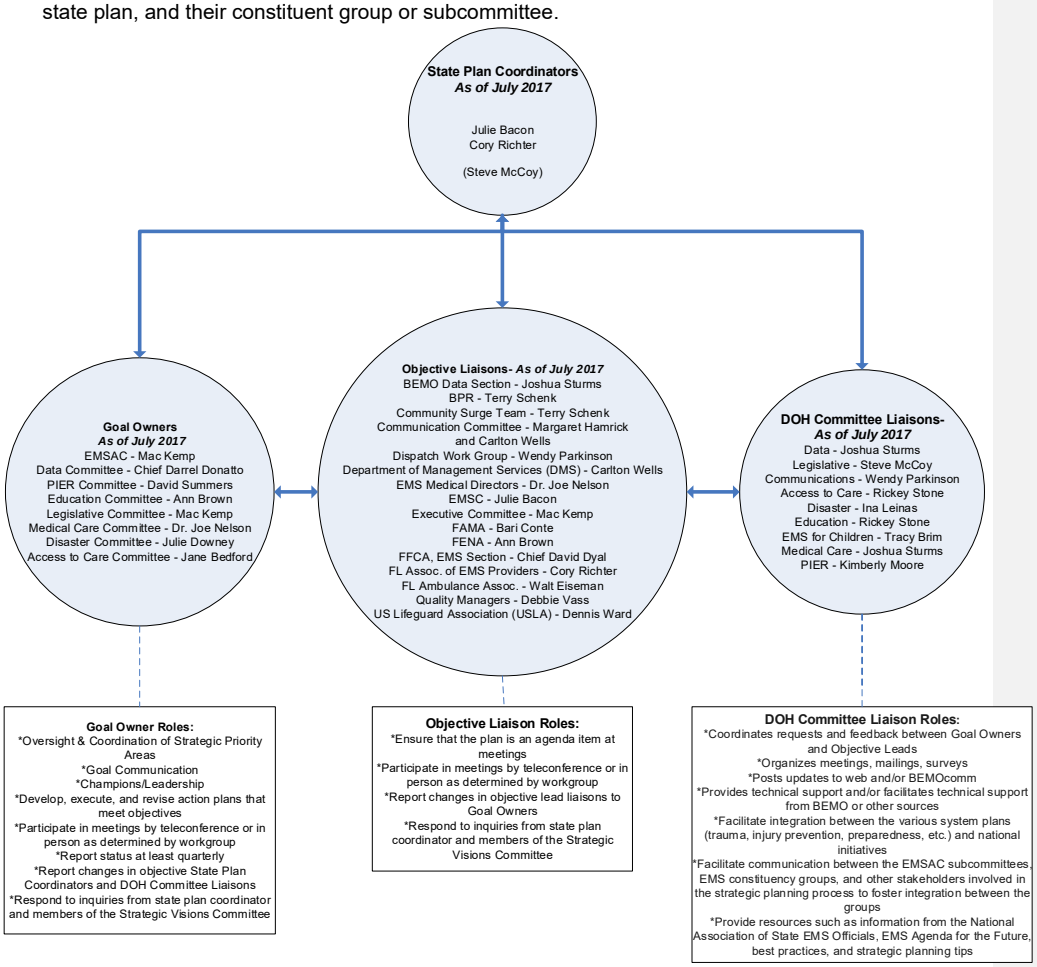
Appendix C: Monitoring Summary

The EMS State Plan is a component of a larger performance management system. A primary focus of this EMS State Plan is to integrate into other state and national strategic planning efforts. Many of the goals, strategies, and objectives within this plan will integrate into the Department's overall performance management system, thereby promoting an EMS industry culture highlighting accountability and performance excellence.

The EMS Strategic Visions Team (EMS Advisory Council's Strategic Visions Subcommittee and the Department) will be responsible for monitoring and reporting progress on the goals and objectives of the EMS State Plan. The Strategic Visions Team meets quarterly during EMS Advisory Council and constituent group meetings to discuss recommendations about tools and methods that integrate performance management into sustainable industry practice. Annually, an EMS state plan progress report, assessing progress toward reaching goals, objectives, and achievements for the year, will be developed and presented to Department executive leadership and the EMS Advisory Council. The EMS State Plan will be reviewed and revised by July each year based on an assessment of availability of resources, data and progress.



The EMS Strategic Visions Team includes goal owners, Objective liaisons, and Department Committee Liaisons. The graph below outlines the roles of the specific individuals, their role in the state plan, and their constituent group or subcommittee.



Appendix D

Appendix D: Alignment

Objective	Healthy 2020	SHIP	Agency Plan	Subcommittee Assigned To	Source
Decrease the number of vehicle collisions involving ambulances by 25% from 107 per three year rolling average to 80 by December 2019	OSH-1 OSH-2	HP4.1	2.1.4	PIER	FDOT Crash Database
By December 2018, complete an analysis of patients under the age of four years that are transported in an EMS permitted vehicle in a child restraint device	IVP-16	HP4.1.3	2.1.4	EMSC	EMSTARS 3.0
By December 31, 2018, implement an anonymous statewide EMS medical error data collection tool and process	MPS-3	HP1.4		Medical Care	N/A
Increase the number of emergency runs submitted to EMSTARS by 10% from 75% to 85% by June 2019	PHI-7 PREP-19	HP1.4 HP4.2	3.1.3	Data	EMSTARS
Increase the number of automated data linkages between EMSTARS and other relevant databases from 1 to 4 by December 2019	PHI-7 PREP-19	HP1.3 HP4.2 HI1.1	3.1.3	Data	EMSTARS
Increase the percent of non-traumatic cardiac arrest patients who receive bystander CPR from 7% to 20% by December 2018	HDS-18 PREP-15		2.1.2	Medical Care	EMSTARS
Increase the percentage of non-traumatic cardiac arrest patients who develop a ROSC, both prehospital and upon arrival to ED, from 16.32% to 20.34% by December 2018	HDS-2 PREP-15		2.1.2	Medical Care	EMSTARS
Increase the percentage of STEMI alert events in which the on-scene time is less than or equal to 20 minutes to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS
Increase the percentage of STEMI alert patients that were transported to a Level I or Level II Cardiovascular Hospital from 68% to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS
Increase the percent of stroke alert events in which the on-scene time is less than or equal to 20 minutes from 67% to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS
Increase the percentage of stroke alert patients that were initially transported to a primary or comprehensive state stroke facility from 69% to 90% by December 2018	HDS-19		2.1.2	Medical Care	EMSTARS

Objective	Healthy 2020	SHIP	Agency Plan	Subcommittee Assigned To	Source
Increase the percentage of trauma alert events in which the total on-scene time is less than or equal to 20 minutes from 40% to 90% by December 2018	IVP-1	HP4.3	2.1.4	Medical Care	EMSTARS
Increase the percentage of trauma alert patients that were initially transported to a trauma center to 90% by December 2018	IVP-1	HP4.3	2.1.4	Medical Care	EMSTARS
Increase the number of qualified applications approved for health care licensure of documented military spouses and honorably discharged veterans by 5% by December 31, 2018 (from 404 EMTs to 424 and from 117 paramedics to 123)		HI3	5.1.2	Education	Licensing and Enforcement Information Database System (LEIDS)
Monitor and maintain the racial diversity of EMTs and paramedics in the workforce reflecting that (from census data) of the state's population		HI3		Education	LEIDS/Census
Increase the gender diversity of EMTs and paramedics in the workforce by 5% over the next two years until we meet or exceed the national average of 20%		HI3		Education	LEIDS/Census
By June 1, 2018, complete a second analysis that determines the counties that have 800 MHz or 700 MHz trunked radio systems aligned with Florida's Project 25 ID Numbering Plan	PREP-2		3.1.3	Communications	DMS
Increase the percentage of EMS providers that subscribe to FirstNet/FloridaNet from 0% to 30% by July 2021.	PREP-2		3.1.3	Communications	DMS
All initial EMS training programs in the state of Florida will achieve national accreditation by December 31, 2020			5.1.2	Education	Department of Health/BEMO
Institute national EMS testing for initial certification by December 31, 2023			5.1.2	Education	LEIDS
By December 2019, increase the percentage of state level revenue for the improvement and expansion of emergency medical services by 25%		HI2	4.1.3	Access to Care	Florida Department of Health/BEMO
By December 31, 2018, increase the number of EMS agencies participating in annual CBRNE exercises from 23% to 33%		HP3.2 HP3.5	3.1.3	Disaster	Agency License Renewal Application
By December 2018, increase the percentage of EMS agencies participating in health care coalitions from 45% to 55%	PREP-18			Disaster	Agency License Renewal Application
By January 2018, distribute best practice guidelines on EMS management of active shooter events to all EMS providers		HP3.2 HP3.6		Disaster	Annual EMS System Survey

Objective	Healthy 2020	SHIP	Agency Plan	Subcommittee Assigned To	Source
By December 31, 2018, increase the number of EMS providers that have adopted plans and trained for an active shooter response from 48% to 75%		HP3.2 HP3.6		Disaster	Annual EMS System Survey
By December 2018, increase the number of EMS providers that are properly equipped to manage an active shooter event from 34% to 75%		HP3.2 HP3.6		Disaster	Annual EMS System Survey
Increase the percentage of EMS agencies conducting fall prevention programs from 28.5% to 40% by December 2018	IVP-23	HP4.1	2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting opioid use and naloxone awareness programs from 13.5% to 35% by December 2018	MPS-5		2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting safety programs sponsored or recommended by the FDOT from 19.2% to 30% by December 2018	IVP-13 IVP-14 IVP-15		2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting drowning prevention programs from 30% to 50% by December 2018	IVP-25	HP4.1.2	2.1.4	PIER	Agency License Renewal Application
Increase the percentage of EMS agencies conducting programs to reduce infant mortality from 18.5% to 30% by December 2018	IVP-24.2	AC5	1.1.1	EMSC	Agency License Renewal Application
Increase the percentage of EMS agencies offering cardiovascular health and wellness programs pursuant to section 401.272, F.S., from 26.4% to 40% by December 2018	HDS-2		2.1.2	Access to Care	Agency License Renewal Application
Increase the percentage of EMS agencies providing HIV health and wellness programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018	HIV-2 HIV-3	HP1.3	2.1.5	PIER	Agency License Renewal Application
Reduce the number of adult low acuity ED visits from 14.15% to 10% by December 2018	AHS-9			Access to Care	AHCA ED Report
Increase the number of EMS agencies with protocols that actively refer children and adults for early intervention and treatment of mental health disorders from 0 to 25 by December 2018	MHMD-6 MHMD-9			Access to Care	Agency License Renewal Application
Increase the percentage of EMS agencies offering immunization programs pursuant to section 401.272, F.S., from 6.4% to 25% by December 2018	IID-1	HP1.1	3.1.1	Access to Care	Agency License Renewal Application
Increase the number of EMS provider agencies utilizing a performance-based inspection process from 0 to 180 by July 2018	PHI-16	CR1.3 HI4.3		Data	Department of Health (DOH) LEIDS

Appendix E

Appendix E: Environmental Scan Resources

1. Emergency Medical Services Advisory Council July 2014 – June 2019 DRAFT Strategic Plan
2. Florida Department of Health Agency Strategic Plan 2016 - 2018
3. Florida Injury Surveillance Data System
4. Healthy People 2020 Topics and Objectives
5. CDC Performance Measure Specifications and Implementation Guidance
6. Agency for Health Care Administration (AHCA) Emergency Department Utilization Reports
7. Emergency Medical Services Tracking and Reporting System
8. National EMS Information System (NEMSIS)
9. Florida Community Health Assessment Resource Tool Set (CHARTS)
10. Florida Department of Transportation (FDOT) Crash Database
11. The Florida Emergency Medical Services Communication Plan Volume I (Fourth Edition)
12. Florida Veterans Application Licensure Online Response System (VALOR)
13. United States Census Bureau Florida QuickFacts
14. Licensing and Enforcement Information Database System (LEIDS)
15. Florida Department of Health HIV Data Center
16. United States Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook for EMTS and Paramedics
17. Florida Department of Health Infant Mortality Documents and Data
18. Drugs Identified in Deceased Persons by Florida Medical Examiners
19. National Guidance for Healthcare System Preparedness
20. U.S. Fire Administration, Fire/Emergency Medical Services Department Operational Considerations and Guide for Active Shooter and Mass Casualty Incidents
21. State Working Group, Interoperable Communications Committee, Guide of Interoperability Components
22. FloridaNet.gov Florida's Public Safety Broadband Network
23. EMS Workforce for the 21st Century: A National Assessment
24. National Emergency Medical Services Workforce Data Definitions
25. 2016 Annual EMS Agency Survey

Appendix F

Appendix F: Document Change Log

Change #	Document Version	Change Date	Description	Goal #	Page #	Name of Person or Committee Requesting Change	Approval Date
1	1.0	10/1/16	The monitoring summary table was changed to reflect that the Strategic Priority Area of EMS System Infrastructure and Finance was owned by Education and Communications Committees and not the Data Committee.	3.0	10	Data	10/1/16
2	1.0	2/15/17	The monitoring summary table on page 11 was updated to reflect current work flows and changes in leadership roles.	N/A	11	Steve McCoy	7/12/17
3	1.0	3/29/17	Change the goal as indicated. The previous goal has been met and this allows for continued improvement.	3.1A	5	Education	7/12/17
4	1.0	3/29/17	Changes the goal as indicated. The previous goal has been met and this encourages continued monitoring and maintaining of current standard.	3.1B	5	Education	7/12/17
5	1.0	4/18/17	The face page was changed to reflect the new version and date of the plan.	N/A	N/A	Steve McCoy	7/12/17
6	1.0	4/18/17	Deleted objectives that have been met	4.1A-D	6	Disaster	7/12/17
7	1.0	4/18/17	Changed measurement from # of to a percentage of	4.1F	6	Disaster	7/12/17
8	1.0	4/18/17	Deleted objectives that have been met	4.1G-H	6	Disaster	7/12/17
9	1.0	4/18/17	Changed measurement from # of to percentage of (28.5% to 40%)	5.1A	7	PIER	7/12/17
10	1.0	4/18/17	Changed measurement from # of to percentage of (13.5% to 35%)	5.1B	7	PIER	7/12/17
11	1.0	4/18/17	Changed measurement from # of to percentage of (19.2% to 30%)	5.1C	7	PIER	7/12/17
12	1.0	4/18/17	Changed measurement from # of to percentage of (30% to 50%)	5.1D	7	PIER	7/12/17
13	1.0	4/18/17	Changed measurement from # of to percentage of (18.5% to 30%)	5.1E	7	EMSC	7/12/17
14	1.0	4/18/17	Changed measurement from # of to percentage of (26.4% to 40%)	5.2A	7	Access to Care	7/12/17
15	1.0	2/14/17	Changed measurement from # of to percentage of (6.4% to 25%) and changed objective owner from Access to Care to PIER	5.3A	7	PIER	7/12/17
16	1.0	4/18/17	Changed objective owner from Access to Care to EMSC	5.4A	7	EMSC	7/12/17
17	1.0	4/18/17	The Strategic Priorities Section was updated to include Objective 5.4C which was inadvertently left out of the original document.	5.4C	7	Access to Care	7/12/17
18	1.0	4/18/17	Changed measurement from # of to percentage of (6.4% to 25%)	5.5A	7	Access to Care	7/12/17

Change #	Document Version	Change Date	Description	Goal #	Page #	Name of Person or Committee Requesting Change	Approval Date
19	1.0	6/6/17	Changed objective owner from Access to Care to PIER	1.1B	4	Access to Care	7/12/17
20	1.0	6/8/17	Deleted Objective 1.1A. This issue is addressed at the local level.	1.1A	4	Darrel Donatto	7/12/17
21	1.o	6/8/17	Changed the date in Objective 3.1.2A to June 1, 2018 in order to complete a second analysis	3.1.2A	5	Communications	7/12/17
22	1.0	7/12/17	Changed the percent to read from 7% to 20%	2.2A	4	Medical Care	7/12/17
23	1.0	7/12/17	Changed the time to 20 minutes and the percent to 90%	2.2C	4	Medical Care	7/12/17
24	1.0	7/12/17	Changed the time to 20 minutes	2.2E	5	Medical Care	7/12/17
25	1.0	7/12/17	Changed stroke center to state stroke facility	2.2F	5	Medical Care	7/12/17
26	1.0	7/12/17	Changed the time to 20 minutes	2.2G	5	Medical Care	7/12/17
27	1.0	7/12/17	Changed percentage from 75% to 90%	2.2H	5	Medical Care	7/12/17
28	1.0	7/12/17	Changed the measurement to 5% over the next two years	3.1C	5	Education	7/12/17
29	1.0	7/12/17	Deleted asterisk footnote	3.1.2B	5	Communications	7/12/17
30	1.0	7/12/17	Add Strategy 3.1.3	3.1.3	5	Education	7/12/17
31	1.0	7/12/17	Add objectives 3.1.3A and 3.1.3B	3.1.3A-B	5	Education	7/12/17
32	1.0	7/12/17	Changed date to 2018 and added a mechanism for measuring the objective	4.1A	6	Disaster	7/12/17
33	1.0	7/12/17	Changed date to 2018 and added a mechanism for measuring the objective	4.1B	6	Disaster	7/12/17
34	1.0	7/12/17	Changed the date to 2018	4.1C	6	Disaster	7/12/17
35	1.0	7/12/17	Added a new objective – 4.1D	4.1D	6	Disaster	7/12/17
36	1.0	7/12/17	Added a new objective – 4.1E	4.1E	6	Disaster	7/12/17
37	1.0	7/12/17	Deleted objective. May address at a later time	5.4A	7	EMSC	7/12/17
38	1.0	10/1/17	Updated goal owners and liaisons and changed the date to July 2017 (Appendix C)	N/A	11	Melia Jenkins	10/1/17

Division of Emergency Preparedness and Community Support – Emergency Medical Services
Talking Points

Overview: The proposed bill seeks to enhance access to care for all Floridians through a more effective utilization of the skills of emergency medical technicians (EMTs) and paramedics. This bill will allow EMTs and paramedics to utilize their already established skillset in non-emergency settings. Allowing EMTs and Paramedics to work in a non-emergency setting can fill critical gaps in access to medical care, establish important linkages between vulnerable populations and direct service providers, and offer an opportunity to fill gaps in public health delivery systems. The bill deletes obsolete language related to written exams being given by the Department. The bill allows the Department to accept a confirmation on the application instead of an oath. The bill also clarifies use of data being received from EMS agencies to allow for better research and quality improvement opportunities. Additionally, this bill removes obsolete language related to an older educational curriculum and revises obsolete ambulance equipment and design standards.

The bill revises and adds additional definitions.

- Deletes references to an obsolete educational curriculum and simplifies the definitions for Advanced and Basic Life Support.
- Creates a definition for an "Emergency"
- Clarifies that EMTs and Paramedics perform in emergency and nonemergency situations
- Creates a definition for "Nonemergency"

Revises and clarifies emergency medical services community health care

- Clarifies the purpose of the section to include references to decreasing the inappropriate use of emergency department services and encourages the use of EMT and paramedic skills
- Clarifies that EMTs and paramedics may provide alternative treatment options to nonemergency and urgent care patients outside of the emergency department, including, but not limited to, perform health promotion and wellness activities and blood pressure screenings in a nonemergency environment, within the scope of their training, and under the direction of a medical director.
- Includes provisions for the Department to adopt rules related to alternative treatment options to nonemergency and urgent care patients outside of the emergency department.

Revises the Departments rule authority to adopt rules related to vehicle equipment and design standards.

- Removes the requirement for the Department to adopt rules for vehicle equipment and supplies that are comprehensive to an obsolete list from the American College of Surgeons

- Removes the requirement for the Department to adopt rules to for vehicle design and construction that are at least equal to those most currently recommended by the U.S. General Services Administration (GSA).
- Requires the department to adopt rules for the optional use of telemetry and telemedicine.

The bill revises language to streamline and update licensing of EMTs and Paramedics

- The bill deletes obsolete language related to a written testing procedure that at one time was administered by the Department around the state
- The bill revises the requirement for an applicant to apply by an "oath" and changes the term to "confirm"

The bill revises and updates language related to patient care records and quality assurance

- The bill updates records language to include written or electronic records.
- The bill changes language from "next of kin" to "person's personal representative"
- The bill allows the department to use or provide the data for the purposes of research and quality improvement under the provisions of chapter 405 and 401.425 F.S.
- The bill reinforces that properly submitted data in accordance with this part will not be utilized for disciplinary action against a licensee.
- The bill clarifies uses of an emergency medical review committee

Florida EMS Advisory Council Legislative Subcommittee

September 2018

Possible General Category Suggestions to FDOH for Changes to Chapter 401

The following are categories of possible suggested changes to Chapter 401. These conceptual changes should continue to be discussed and possibly be voted on by the Florida EMS Advisory Council, item by item, to be included in a package of changes that would be supported by the Council. Specific language for changes would be provided by DOH within their legislative proposal sent to the legislature. If a proposed bill is provided by DOH, we will forward that bill to you immediately.

1) All educational standards should be generically changed to National EMS Education Standards of the United States Department of Transportation.

2) Non-emergency would be defined with alternative treatment options.

3) ALS and BLS would be defined.

4) EMT and Paramedic definitions would be updated.

5) Agency licenses would be automatically renewed.

6) EMT and Paramedic minimum initial educational hours would be defined.

7) Ground vehicle equipment and supplies would be listed as what is required by the service medical director.

8) The current KKK ambulance standard would be changed to other current standards as designated by the department in rule.

9) Electronic health records would be added.

10) Clarification of EMRC language.

11) Records protection for research and quality assurance.

12) Telemedicine added.

13) Change First Responder to Emergency Medical Responder.

14) Change all references in the statute from certification to licensure.

15) The medical director shall be board certified in emergency medicine; or board certified in another broad-based clinical medical specialty and currently employed providing in-hospital emergency medical services.

16) Community Paramedic/Mobile Integrated Health would be defined.

17) Neonatal Critical Care Transport would be defined.

18) In disasters, others as defined could drive the ambulance.

19) Trust fund revised fee structure/increased fines.

Background

The goal of every emergency medical provider is to respond to patients in their time of need and to provide them with the most appropriate and highest quality care possible. This care is frequently critical to a patient's health or survival and is provided in settings that are challenging, chaotic and even hazardous. Decisions and actions by emergency medical providers are sometimes influenced by environmental factors but are always based upon the experience, training, protocols, medical direction, common medical practice and ultimately the provider's best judgment. Regardless of training, experience and especially the intent of the provider, medical errors in the EMS setting occur and cause harm or even take the life of the very patients the system is intending to save.

The national Institute of Medicine (IOM) studied medical errors in hospitals and reported that between 44,000 and 98,000 people die each year as a result of medical errors, preventable mistakes, oversights and omissions. *This accounts for more deaths more deaths than motor vehicle accidents, breast cancer or AIDS.* Similarly, the Institute for Healthcare Improvement estimated that 15 million medical mistakes occur in U.S. hospitals each year.

Hospitals in the U.S. and Canada are focusing on quality improvement like never before. They are analyzing the failures in their systems of care, the processes that lead up to a mistake and are working hard to improve performance by making systemic changes. Hospitals are moving away from having a "culture of blame," where one individual is singled out to carry the blame. Instead the desired work atmosphere is one of mutual accountability, where mistakes are viewed as the result of a series of system failures that allowed the error to occur. In that kind of work environment, when errors or even close calls occur, the duty of the entire organization is to transform the entire system; re-train every hand that touches a piece of the puzzle, re-tool every protocol, policy, practice and attitude in order to ensure that the mistake never happens again.

Emergency Medical Services (EMS) are an important part of the healthcare system and EMS has the same responsibility to patients that hospitals and physicians do: to do no harm. It would be naive to think that errors in EMS either don't exist or that nothing can be done to reduce or even eliminate them. One tool that moves systems in this direction is an "Event Reporting System." An Event Reporting System allows providers to ***anonymously*** report safety events that have occurred, could have occurred or could potentially occur in order to capture the event so work can be done to improve the *system* of care.

What is the EMS Voluntary Event Notification Tool?

The EMS Voluntary Event Notification Tool (EVENT) is an anonymous, non- punitive and confidential system that has been developed to help improve the quality and reliability of the care provided to patients by emergency medical service personnel. Event Reporting Systems have been shown to be a key component of quality improvement mechanisms in a variety of fields from aviation to hospitals. Information provided in these anonymous reports identifies needed changes in the systems and processes and does so without placing blame on the individual provider. EVENT also collects events related to near misses of EMS personnel and violence against EMS practitioners.

What events are appropriate for EVENT?

The goal of EVENT is to improve the systems (communication, education/training, etc.) and the processes (common/standard practices, protocols, etc.) of emergency medical care by identifying situations where a patient was potentially harmed, could possibly be harmed or when a “close call” has occurred. A “Patient Safety Event” is defined as any event or action that leads to or has the potential to lead to a worsened patient outcome related to the event or action: these may be related to systems, operations, drug administration or any clinical aspect of patient care. Patient Safety Events also include “Near Misses” (i.e. close calls) that are recognized before they actually occur.[5] The terms “report(s)” and “notification(s)” are used synonymously to represent events submitted to the EVENT system.

EVENT includes reporting for EMS Practitioner Near Miss reporting. These events are related to compromise of the safety of the EMS practitioners, such as needle sticks or near misses with vehicles while treating patients at the scene of a vehicle crash. This tool was designed by a committee of the National Association of Emergency Medical Technicians

The final area of EVENT report is for violence against EMS practitioners by patients or others at a scene. This tool was developed by a committee of the National EMS Management Association and quickly surpassed reports of Patient Safety and Practitioner Near Miss event reports.

What types of events should be reported to the EVENT system?

The EVENT system can be used to anonymously report any patient-safety, practitioner near miss, or violence event issue such as:

- "Sentinel Events" where unexpected or unintended occurrences result in serious physical injury, psychological trauma or death
- Unexpected or unintended occurrences that result in any physical injury or psychological injury of a patient, including adverse drug reactions
- "Near Misses" which are close calls that could have resulted in accident, injury or illness but did not either by chance or through timely intervention
- Equipment or device failures, malfunctions or provider errors of omission (not using when called for) or misuse (using it in the incorrect way); that cause or could cause harm to a patient.
- Lessons learned, safety ideas and/or concerns or any topic that has been vetted through local authority either without resolution or the reporting person feels that it cannot be brought up with local authority without the risk of repercussion

What types of events and information should not be reported to the EVENT system?

- Events such as criminal acts should not be reported to EVENT but instead they should be reported immediately to the appropriate law enforcement agency.
- *EVENT is anonymous and reports cannot include identifying information regarding patient, provider or specific EMS agency. No information will be retained regarding the specific incident related to the date, time, location or any information that may jeopardize the anonymity of the report or the privacy of the patient or EMS practitioners. Any submission that includes these identifiers will be sanitized and only deidentified reports are used by the system.*
- EVENT is not intended for general complaints and will not spur a complaint investigation. Any individual that wants to submit a formal complaint against an EMS provider or practitioner should contact their state or provincial EMS office to report the complaint through those institutions' established processes.

Who can report events into the EVENT system?

Any individual, in the US or Canada, who encounters a problem or recognizes a situation in which a safety event occurred, could have occurred or could potentially occur that would negatively affect a patient or EMS practitioner is encouraged to anonymously report to the EVENT system. This includes but is not limited to traditional EMS providers as well as any provider or individual involved in the care of a patient after EMS care is provided.

What happens to reports that are submitted to EVENT? Anonymous reports/notifications will be received by EVENT staff[6] through the EVENT website which is hosted by the Center for Leadership, Innovation and Research for EMS (CLIR-EMS). CLIR-EMS is a non-regulatory, not-for-profit that is promoting and advancing the practice and profession of EMS internationally (http://clirems.org/). Once a United States report is received it is reviewed to ensure that it meets the criteria set out above for an appropriate event and remove any identifying marks (name, electronic signatures, URL components, etc.). The sanitized reports are then shared with the state EMS where the event occurred.

The state or Province name is then removed from the report. Reports of events that occur in Canada are sent to the Paramedic Chiefs of Canada for distribution. The version of the report that does not include the state or Province name is then shared through a Google Group that anyone in the world can subscribe to (you can subscribe by following the instructions at emseventreport.com).

Finally, quarterly summary reports that include the text of the individual events and annual summary reports that do not include the text, are produced and archived on the EVENT website, and distributed through the EVENT Google Group and through associations that have signed up as “site partners”.

How can someone report and event to the system?

Simply access the internet and enter the address http://emseventreport.com and follow the prompts on the screen.

For More information

Visit the EVENT website: **http://emseventreport.com/**

CLIR Sponsors

Paramedic Chiefs of Canada
Chefs Paramédics du Canada

NATIONAL EMS MANAGEMENT ASSOCIATION

THE SAVVIK FOUNDATION

EVENT Partners

NAEMT

NASEMSO